



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 555255012608

Group Art Unit: 2817)
Examiner: Chang)
Inventor: Tiller)
Serial No.: 10/691,986)
Filed: 10/23/2003)
For: Integral Mixer and Oscillator Device)

AMENDMENT

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 6, 2004.

By

Debbie B. Jones

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on April 5, 2004, please amend the above-titled application as follows. Any fees due should be charged to Jones Day Deposit Account No. 501432, ref: 555255012608.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Pcket Number

101691986
555255012608

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|-----------------|--------------|
| TOTAL CLAIMS | 21 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 21 minus 20 = * | 1 |
| INDEPENDENT CLAIMS | 2 minus 3 = * | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18= | 18 |
| X86= | 0 |
| +290= | 0 |
| TOTAL | 788 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|------|------------------------------------|-------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | * 27 | Minus | ** 20 | = 7 |
| | Independent | * 3 | Minus | *** 3 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | 126 |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.